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**CLAIMS**

(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
Total Claims (37 CFR 1.16(c) or (j))	<u>7</u> - <b>20*</b> =	<u>0</u>	X \$ _____ =	\$ _____
Independent Claims (37 CFR 1.16(b) or (j))	<u>1</u> - <b>3**</b> =	<u>0</u>	X \$ _____ =	\$ _____
Multiple Dependent Claims (if applicable) (37 CFR 1.16(d))			+ \$ _____ =	\$ _____
			BASIC FEE (37 CFR 1.16(a))	\$ <u>710.00</u>
Total of above Calculations				= \$ _____
Reduction by 50% for filing by small entity (Note 37 CFR 1.27).				\$ _____
TOTAL =				\$ <u>710.00</u>

\* Reissue claims in excess of 20 and over original patent.

\*\* Reissue independent claims over original patent.

6.        Small entity status: Applicant claims small entity status. See 37 CFR 1.27.
7.   X   The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 02-2666.
- a.   X   Fees required under 37 CFR 1.16.
- b.   X   Fees required under 37 CFR 1.17.
- c.        Fees required under 37 CFR 1.18.
8.   X   A check in the amount of \$ 710.00 is enclosed.
9.        Payment by credit card. Form PTO-2038 is attached.
10.        Applicant requests suspension of action under 37 CFR 1.103(b) for a period of        months (not to exceed 3 months) and the fee under 37 CFR 1.17(i) is enclosed.
11.        New Attorney Docket Number, if desired \_\_\_\_\_  
(Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.)
12. a.        Receipt for Facsimile Transmitted CPA (PTO/SB/29A)
- b.   X   Return Receipt Postcard (Should be specially itemized, See MPEP 503)
13.        **Request and Certification Under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. (Reminder: First investigate foreign filing question).**

14.   X   Other: Certificate of Express Mail with copy of postcard showing contents of \_\_\_\_\_  
Express Mail package.

**NOTE:** The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.

**14. NEW CORRESPONDENCE ADDRESS**

\_\_\_\_\_ Customer Number or Bar Code Label  
OR \_\_\_\_\_ (Insert Customer No. or Attach Bar Code Label here)

\_\_\_\_\_ New Correspondence Address Below

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_ TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

**15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

NAME Sang Hui Michael Kim SIGNATURE Sang Hui Kim

REGISTRATION NO. 40,450 DATE Jan. 20, 2001

PTO/SB/35(11-00)